

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020229

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC 7559471 ST. 26408

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4852

FILED MAY 23 1962

1. PLACE OF DEATH

a. COUNTY

St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St Louis

Length of stay in 1b
26 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Vets Adm Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois b. COUNTY MADISON

c. CITY OR TOWN Waterloo, Ill

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
604 Steining

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Middle Last
Russell P Buettner

4. DATE OF DEATH

Month Day Year
5/12/62

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/29/26

9. AGE (last birthday)

35

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plasterer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Buettner

13b. MOTHER'S MAIDEN NAME

Schuett

14. NAME OF HUSBAND OR WIFE

Wanda Buettner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Wanda Buettner Wife See 2 Above

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Epidermoid Carcinoma of the Lung with Generalized Metastasis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma of the Maxillary Sinus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 4/17/62 to 5/12/62 and last saw him alive on 5/12/62
Death occurred at 7:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
Roland B. Meini, M.D.

22b. ADDRESS

VAH, St Louis, Mo.

22c. DATE SIGNED

5/12/62

23a. BURIAL, CREMATION, OR REMOVAL (Specify)

Removal

23b. DATE

5-14-62

23c. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

23d. LOCATION (City, town, or county)

WARTBURG.

(State)

ILLINOIS

24. FUNERAL DIRECTOR

ADDRESS

WAGNER

WATERLOO, ILL

25. DATE RECD. BY LOCAL REG.

MAY 14 1962

26. REGISTRAR'S SIGNATURE

Roland Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1

3

4 0

5 1

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12 23-0

13

23

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank Protopoff

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.